Striking the right

NOTE

'Actidil', one of the most potent of antihistamines, strikes the right note in the treatment of allergies.

As in the case of other antihistaminic agents, excessive dosage may produce drowsiness. Patients should be advised to postpone potentially hazardous activities requiring mental alertness until the optimum dosage level has been determined.

'ACTIDIL'® brand
TRIPROLIDINE HYDROCHLORIDE
TABLETS & SYRUP

in allergies

Complete information available from your local 'B.W.&Co.' Representative or from Professional Service Dept. PML.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

with Soma® Compound

carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg.

In most patients with strains and sprains, 'Soma' Compound can reduce recovery time because of its ability both to relieve pain and to relax muscle. In a controlled study of patients in an industrial practice, R. G. Conant reported that 'Soma' Compound shortened recovery time an average of 25% as compared with aspirin.[1] In addition, complete or marked relief was noted in 94% of patients treated with 'Soma' Compound, as compared to 46% of patients treated with aspirin.

1. Conant, R. G.: Reduction of industrial time-loss: treatment with carisoprodol compound in musculoskeletal disorders. Industr. Med. Surg. *33*:25, Jan. 1964.

Also available with ¼ gr. codeine as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

Indications: 'Soma' Compound and 'Soma' Compound with Codeine are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints. **Contraindications:** Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate. **Precautions:** *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate. **Side effects:** Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression. **Dosage:** Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime. **Supplied:** 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required. ***Before prescribing, consult package circular.***

WALLACE LABORATORIES / *Cranbury, N. J.*

CSO-5155

The Bulletin of The New York Academy of Medicine, Vol. 41, No. 7, July, 1965. Published monthly by The New York Academy of Medicine, 2 East 103 Street, New York 29, N. Y. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States and Canada $8.00. All other countries $9.00. Single copies $2.00.

"Die grossen Anfälle schienen in ihrer Schwere gebrochen, verliefen ohne erbrechen..."*

Ménière's syndrome: The Viennese have a word for it

In Vienna "Dimenhydrinat" (familiar to you as Dramamine) is often the word for control of Ménière's syndrome. Like physicians the world over, Pichler* found that when patients received this classic drug, "severe attacks appeared to be aborted, passed without vomiting...." ("Die grossen Anfälle schienen in ihrer Schwere gebrochen, verliefen ohne erbrechen....")

A Dramamine Supposicone® (100 mg.) for an adult swiftly controls the vertigo, nausea and vomiting often present during a severe attack. Once the acute stage has passed, patients may be maintained on Dramamine liquid or tablets.

Precautions: Dimenhydrinate, notably nontoxic itself, may mask the symptoms of streptomycin toxicity. Patients should be cautioned against operating automobiles or dangerous machinery because of possible drowsiness.

*Pichler, H.: HNO 4:178-179 (May 28) 1954.

Research in the Service of Medicine SEARLE

relied on round the world ■

Dramamine®

brand of

dimenhydrinate

classic specific for vertigo and vomiting

Ampuls (for intramuscular or intravenous use)
Supposicones® / Liquid / Tablets

How NALLINE® helps to keep the lid on drug addiction in California

NALORPHINE HCl
INJECTION U.S.P.

The use of the narcotic antagonist NALLINE® (nalorphine HCl injection U.S.P.), as a test of addiction, has significantly curtailed illicit narcotic traffic in Alameda County, California. **In penal terms alone, three years after the institution of the test using NALLINE, prison admissions for addiction has dropped from 13.7% of total admissions to 4.4%.**[1]

The test was given to persons suspected of addiction and to addicts as a condition of probation or parole.

NALLINE does not cure addiction. It can, however, help addicts psychologically, because they know NALLINE detects relapse and that relapse leads to a return to prison or hospital. Definitive answers to the epidemiology of addiction—in itself a symptom of an underlying disease that may be psychologic, physiologic, or pharmacologic in nature—are, as yet, unknown.[2,3]

The test should be undertaken only by physicians experienced in dealing with narcotic addicts.

INDICATIONS: To reverse significant respiratory depression due to opiates. Diagnostic—to test for opiate narcotic addiction.

CONTRAINDICATIONS: Do not use in mild or non-opiate respiratory depression.

PRECAUTIONS: Due to risk of violent withdrawal symptoms, use with **extreme caution** and in small doses in narcotic addicts and in patients receiving opiate narcotics. Effect gradually lost on successive doses; respiratory depression may result.

SIDE EFFECTS: Untoward reactions include dysphoria, miosis, pseudoptosis, lethargy, drowsiness, sweating, pallor, nausea, psychotomimetic manifestations.

Before prescribing or administering, read product circular with package or available on request.

Note: NALLINE will not precipitate abstinence symptoms in meperidine addicts unless they are taking 1,600 mg. or more daily. The ability of NALLINE to detect addiction to codeine is unknown.

References: 1. Brown, T. T.: The Enigma of Drug Addiction, Springfield, Ill., Charles C Thomas, 1961, pp. 287-334. 2. Chesnick, R. D.: Med. Times **90**:247 (March) 1962. 3. Narcotic Addiction Symposium: New York Med. **18**:562 (Aug. 20) 1962.

SUPPLIED: Ampuls of 1 and 2 cc. and vials of 10 cc., each cc. containing 5 mg. of nalorphine hydrochloride. **Note:** The Federal Bureau of Narcotics now classifies NALLINE as a Class M narcotic preparation. Thus, the purchase of this preparation no longer requires a Federal Narcotic Order Form.

INJECTION
NALLINE® HCl
NALORPHINE HCl INJECTION U.S.P.

MSD **MERCK SHARP & DOHME** | where today's theory is tomorrow's therapy
Division of Merck & Co., Inc., West Point, Pa.

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OBEDRIN MENU PLAN

A WEIGHT CONTROL PROGRAM YOUR PATIENTS WILL STAY WITH . . . AND FEEL BETTER

1. YOUR SUPERVISION orients the patient to the need, goals and course of weight reduction . . . regular checkups confirm progress and support patient's morale.

2. OBEDRIN-LA: 1 tablet daily "trickle releases" medication for all-day appetite suppression.

3. OBEDRIN MENU PLAN: . . . aids weight reduction . . . provides a plan for necessary nutritional support and helps patients establish better eating habits.

Write today for free starter doses and Menu Plans, or contact your Massengill Representative.

DOSAGE is 1 tablet daily, usually at 10 a.m.

SUPPLIED in bottles of 50 and 250 tablets, on prescription only.

CAUTION: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage. Use with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such instances, withdrawal of the medication is necessary. All medication should be used with caution during pregnancy, especially in the first trimester.

LONG ACTING

Obedrin®-LA*

"TRICKLE RELEASE" TABLETS

Each tablet contains Methamphetamine HCl*, 12.5 mg.; Pentobarbital*, 50 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Nicotinic Acid (Niacin), 10 mg. *U. S. Pat. Nos. 2,736,682; 2,809,916; 2,809,917; 2,809,918 and pat. pending.

MASSENGILL The S. E. Massengill Company, Bristol, Tennessee

New York • Chicago • Dallas • Kansas City • San Francisco

Gasping for air can cause an understandable degree of apprehension in the asthmatic. Improved ventilation together with patient acceptance of medication provide an atmosphere of freedom. OPTIPHYLLIN fills this need in the management of bronchial asthma, emphysema and other pulmonary disorders associated with bronchospasm.

With its high absorption index, OPTIPHYLLIN attains predictable, dependable therapeutic blood levels, thereby relieving the feeling of "internal suffocation." Prolonged periods of remission and reduction in the severity of recurrent attacks extend the feeling of freedom.

The refreshing green mint flavor of OPTIPHYLLIN tends to assure patient acceptability and prevent drug fatigue. Thus for efficacy and acceptability, it is a drug of first choice in the treatment of asthmatic conditions.

A product of **NATIVELLE** Inc. manufacturers of Digitaline Nativelle® Distributed by **E. FOUGERA** & Co., Inc. Hicksville, New York

Air for the asthmatic... in an atmosphere of freedom.

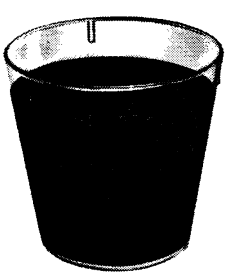
Dosage (Calibrated dosage cup dispensed with each prescription) Each 15 ml. (1 tablespoonful) contains theophylline 80 mg., 20% alcohol. The adult dose in acute asthma attacks is 75 ml. of OPTIPHYLLIN, provided theophylline in any form has not been given in the preceding 12 hours. A maintenance dose of 30 ml. of OPTIPHYLLIN can be initiated 6 to 8 hours later and maintained t.i.d. Maintenance doses in chronic pulmonary conditions associated with bronchospasm and in emphysema vary from 45 ml. to 30 ml. t.i.d.

The pediatric dose in acute asthma is 0.5 ml. per pound of body weight, not to be repeated in less than 6 hours, and not more than 2 such dosages to be given in 24 hours. Maintenance dosage varies from 0.3 ml. to 0.2 ml. per pound of body weight t.i.d. until therapeutic effect is obtained. OPTIPHYLLIN is best absorbed on an empty stomach. *(Since nausea and vomiting usually herald early signs of excessively high theophylline blood levels, these manifestations should serve as early warning signs to reduce or discontinue further administration of* OPTIPHYLLIN.)

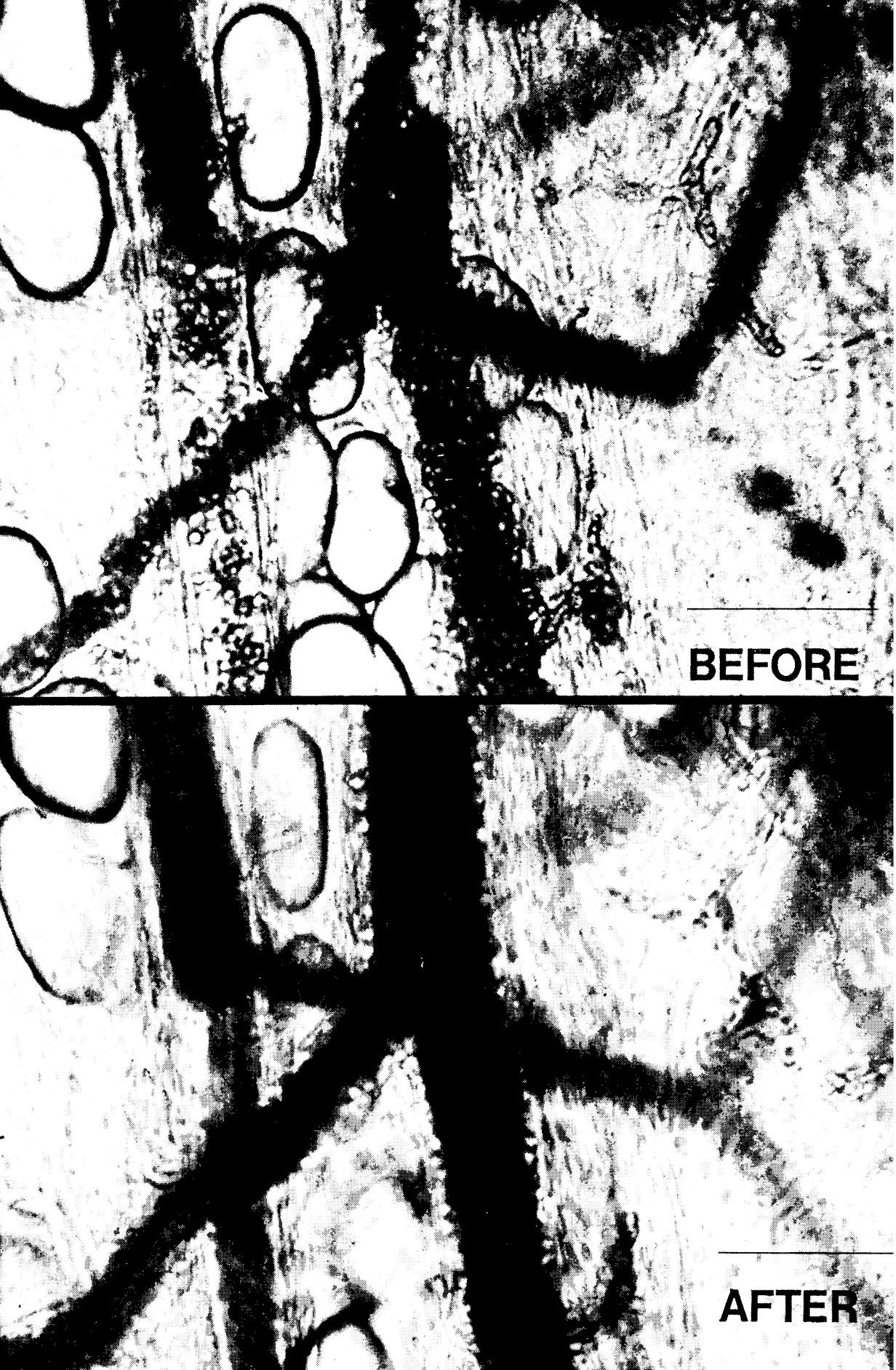
Side effects and precautions. As with all theophylline preparations, occasional nausea, epigastric and substernal burning pain and rare episodes of vomiting may be encountered. Other minor complaints are palpitations, dizziness, nervousness and headache. Overdosage, particularly in children, has led to severe vomiting, convulsions and lethargy. Theophylline should be given with caution in the presence of peptic ulcer and gout.

Opti phyllin™

theophylline elixir

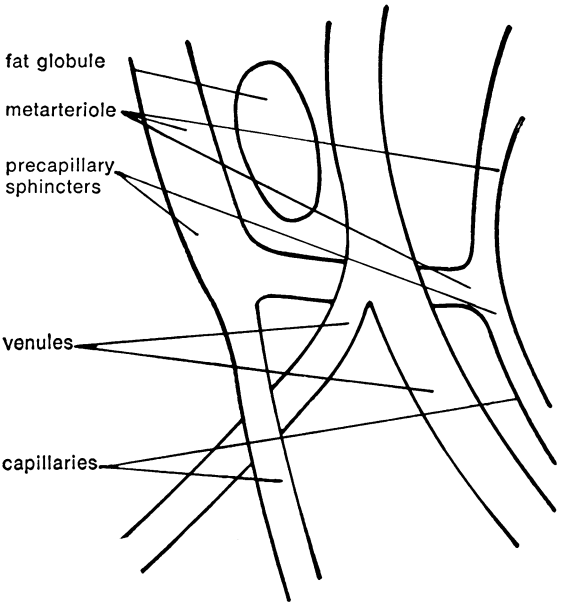


See how much more acceptable this "cordial" green mint flavor can be...


BEFORE
AFTER

to prevent tissue death a vasodilator must act beyond the artery...

"The most prominent and important action of nitrite is to dilate the smaller blood vessels...arterioles, capillaries, and venules, but the effect is more marked in the post-arteriolar vascular bed."[1]



Photomicrograph: Dog omentum after experimental, 45 per cent reduction in blood volume. Stasis and sludging due to constriction of precapillary sphincters are evident.

first visual proof[2]:

Peritrate
(pentaerythritol tetranitrate)
increases perfusion at the tissue level

This visual proof of increased tissue perfusion with I.V. Peritrate (pentaerythritol tetranitrate) has been confirmed in animals pretreated with oral Peritrate[3] (pentaerythritol tetranitrate) and may also support the finding that Peritrate (pentaerythritol tetranitrate) stimulates the development of collateral circulation.[4]

Side effects: Negligible but, occasionally, transient headache may occur.

Precautions: Exercise caution in glaucoma and with dosage forms containing phenobarbital, which may be habit forming.

Full information is available on request.

References: 1. Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics, ed. 2, New York, The Macmillan Company, 1955, p. 731.
2. Schumer, W.; Lee, D. K., and Jones, B.: The physiological effect of vasodilators on the omentum of the dog in oligemic shock, Angiology, in press.
3. Data on file in the Medical Department of Warner-Chilcott Laboratories. 4. Lumb, G. D., and Hardy, L. B.: Circulation (Pt. II, Cardiovascular Surgery) 27:717, 1963.

Photomicrograph: Same dog omentum after I.V. Peritrate* (pentaerythritol tetranitrate). There is evidence of increased blood flow and better tissue perfusion. *experimental dosage form

when vasoaction is vital

Peritrate®
pentaerythritol tetranitrate

...brings more blood and oxygen to the myocardium safely

...stimulates development of collateral circulation[4]

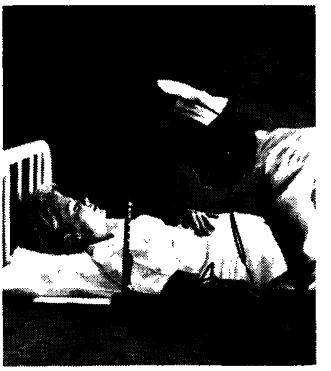
WARNER-CHILCOTT

Warner-Chilcott, Morris Plains, N. J. Makers of Coly-Mycin Gelusil Mandelamine Proloid Tedral

PEGP 51 2C

Edema

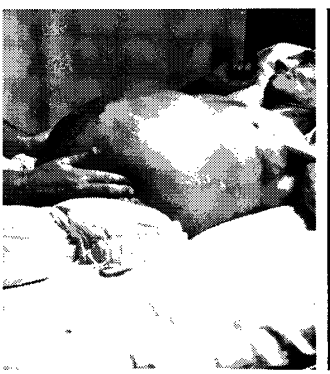
Essential hypertension



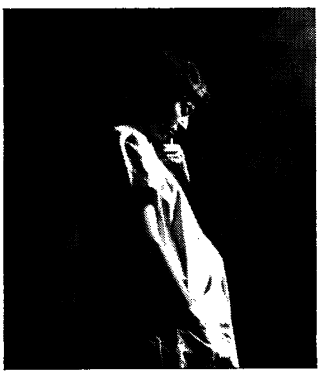
Toxemia of pregnancy

In edematous conditions . . . brisk diuresis with the convenience of once-daily dosage

Congestive heart failure



Liver cirrhosis



Excessive weight gain of pregnancy

Anhydron® is useful in edema associated with premenstrual tension, toxemia of pregnancy, and cirrhosis of the liver and in congestive heart failure and mild hypertension. It is also a valuable adjunct to other antihypertensive agents. Anhydron® K (each tablet containing 2 mg. cyclothiazide and 500 mg. potassium chloride) is indicated when potassium supplementation is desirable. Anhydron® KR (each tablet containing 2 mg. cyclothiazide, 500 mg. potassium chloride, and 0.25 mg. reserpine) is indicated for reduction of arterial hypertension when further supplementation with reserpine is desirable.

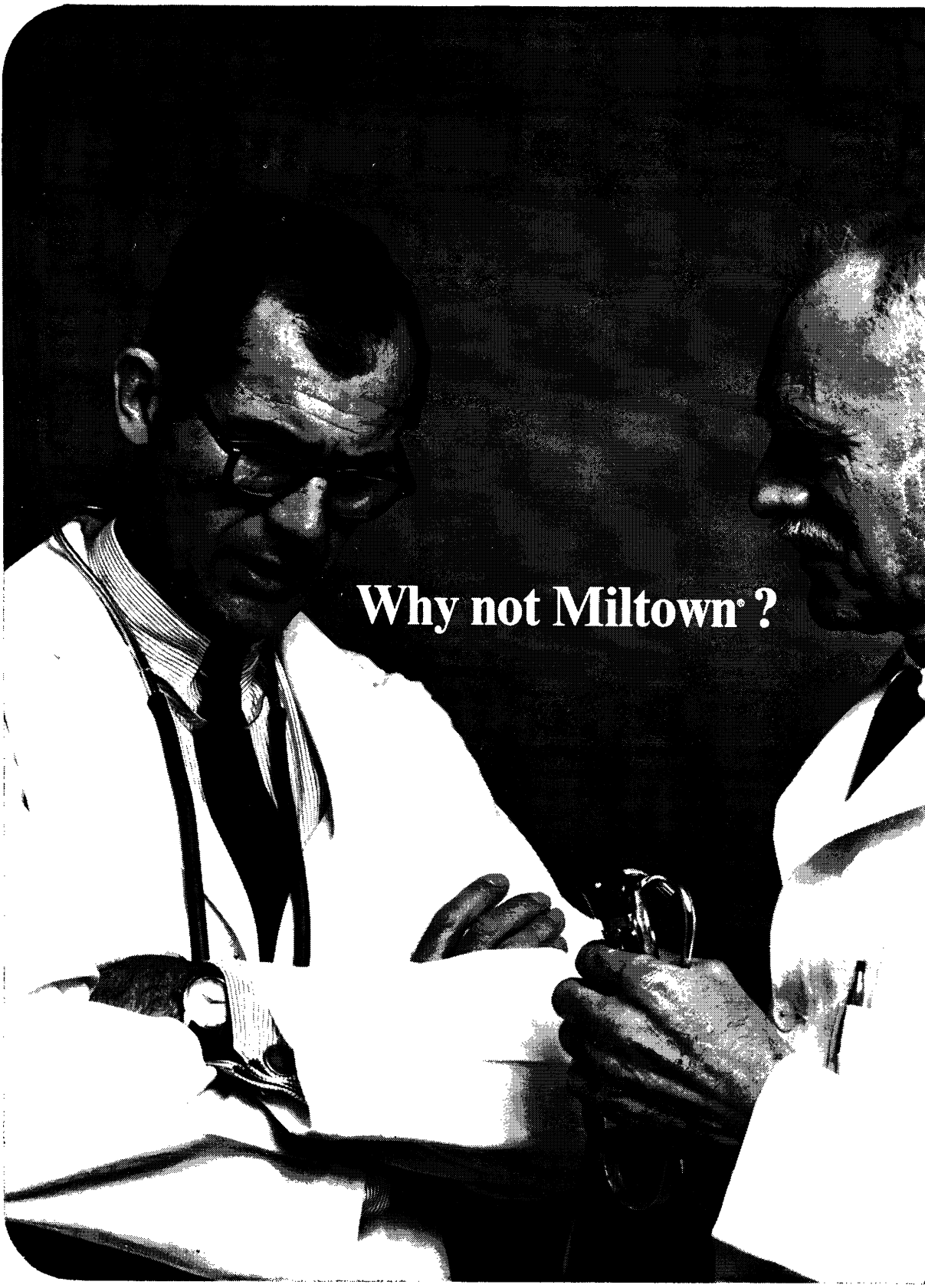
Contraindications, Precautions, and Side-Effects: Like other thiazides, Anhydron may elevate serum uric acid levels in some patients and produce a decrease in glucose tolerance. It should not be used in severe renal impairment. Injudicious use of Anhydron may result in sodium and potassium depletion. In hypertensive patients, lightheadedness and weakness upon standing, excessive orthostatic hypotension (usually associated with tachycardia), and a rising blood urea nitrogen or nonprotein nitrogen may indicate overdosage. If side-effects occur, dosage should be reduced or discontinued. Side-effects and contraindications of Anhydron apply to Anhydron K and Anhydron KR. There have been reports of small-bowel lesions associated with administration of enteric-coated potassium in combination with thiazide diuretics. The incidence of these lesions is low, and a causal relationship has not been definitely established. Nevertheless, such products should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastro-intestinal bleeding occurs. Side-effects of reserpine include mental depression, nasal stuffiness, lassitude, laxative effect, sense of fullness in the abdomen, nightmares, and reduction in libido and potency. Reserpine should be used cautiously in patients with a history of mental depression, peptic ulcer, or ulcerative colitis.

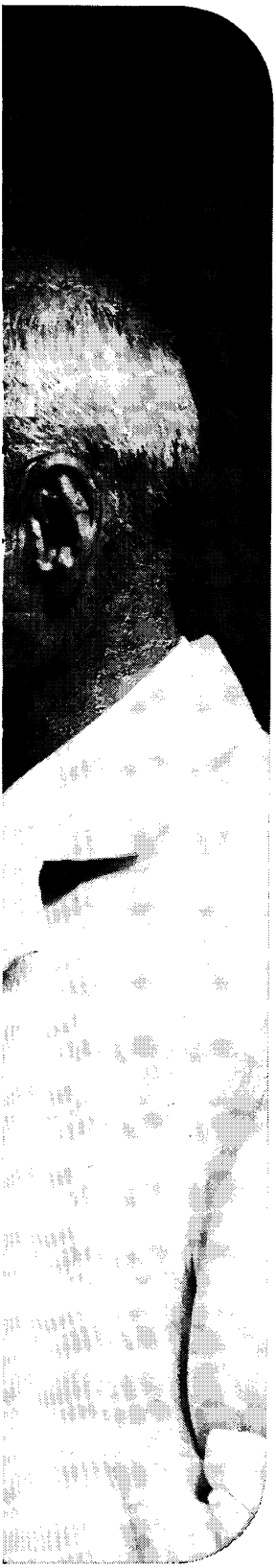
ANHYDRON®
CYCLOTHIAZIDE

Lilly

500385

Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.


Why not Miltown® ?



There are few "nots" in Miltown® therapy

■ **Clinicians throughout the world consider meprobamate a therapeutic standard in the management of anxiety and tension.**

■ **The high safety-efficacy ratio of 'Miltown' has been demonstrated by more than a decade of clinical use.**

Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

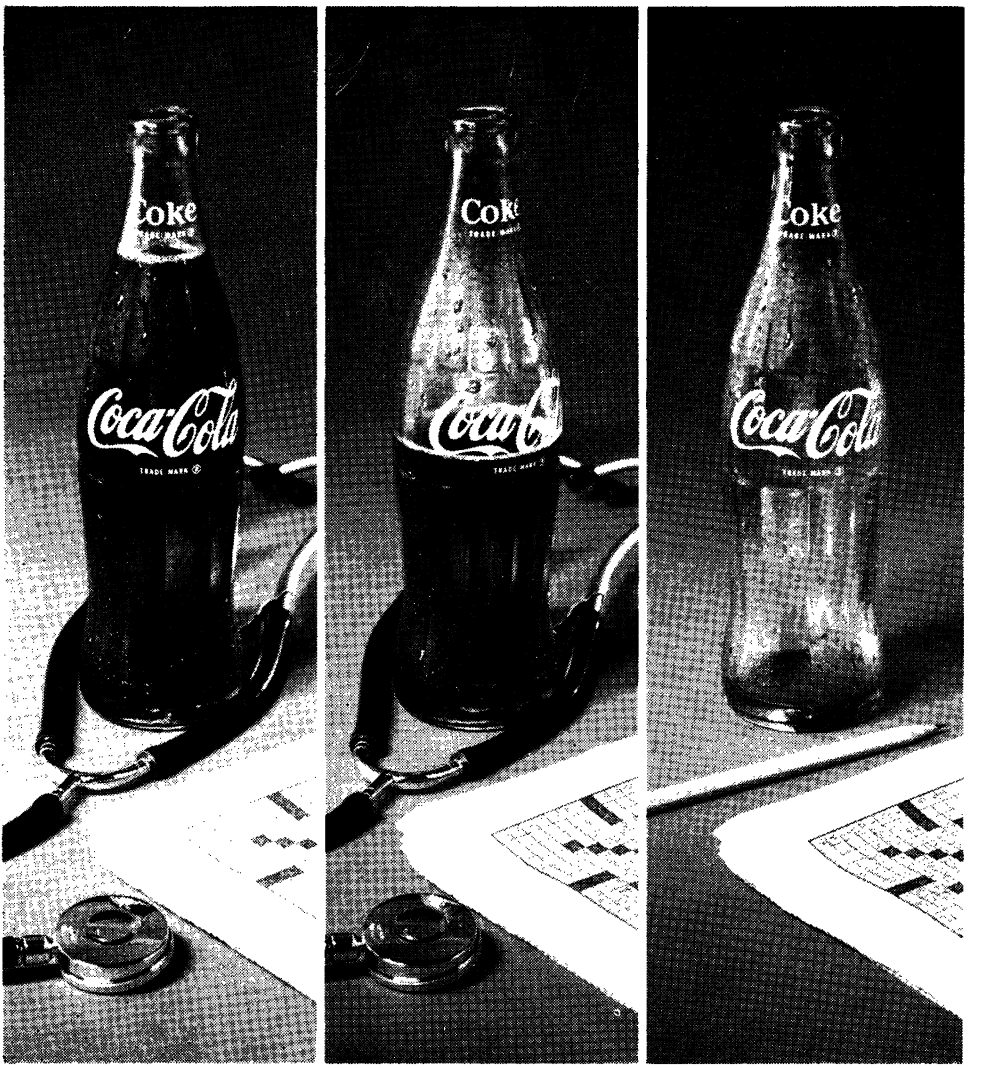
Usual adult dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily are not recommended.

Supplied: In two strengths: 400 mg. scored tablets and 200 mg. coated tablets.

Before prescribing, consult package circular.

Miltown®
(meprobamate)

WALLACE LABORATORIES / *Cranbury, N. J.*



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The busier your office, the more time and work you can save with First National City's Automated Customers' Services (ACS). That means you'll save money, too.

Combining Citibank skill and experience with an advanced computer-data processing system, ACS means your staff can handle *all* bookkeeping in minutes instead of hours. No more irksome ledgers. ACS mails bills automatically, accurately . . . keeps track of collections, reminds slow payers . . . even tells you how many house calls you made last month. And each day's mail will bring you a *complete* record of yesterday's activity . . . all in the utmost confidence.

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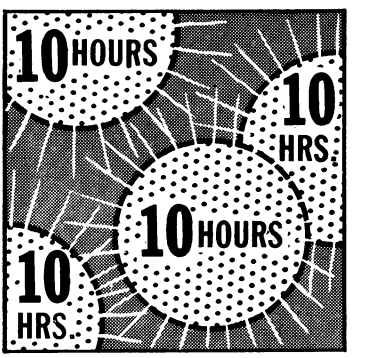
Cardiologists generally agree that nitroglycerin is the single most valuable drug for use in angina. This unique micro-dialysis cell is available in a diffusion-membrane, controlled, continuous-action capsule that prophylactically provides medication *thirty times longer* than a single sublingual tablet. It is called NITRO-SPAN (brand of nitroglycerin). It does not take the place of the sublingual tablet during an acute anginal episode.

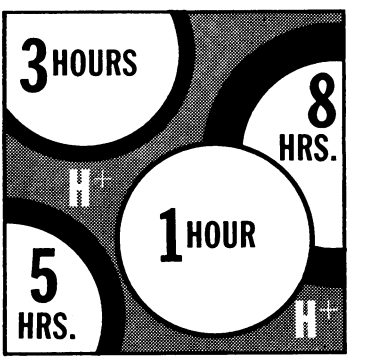
However, NITRO-SPAN is a timed-release medication that provides accurate, reliable, consistent, 10 to 12-hour treatment. Result: *fewer and less severe angina attacks.*

Unlike conventional disintegration tablets, NITRO-SPAN diffusion-membrane pellets act independently of pH, enzymatic action, or any other gastrointestinal functions. Because these functions vary from patient to patient, and even in the same patient at different times, the action of the disintegration tablet can produce erratic and unpredictable results.

On the other hand, NITRO-SPAN incorporates a remarkable principle in the pharmacodynamics of timed-release medication. The nitroglycerin is enclosed in a dialyzing membrane of controlled permeability. Each pellet is, in fact, a "MICRO-DIALYSIS CELL" which releases its contents over an entire 10 to 12-hour period, making possible a release rate not otherwise attainable.



Micro-dialysis cells are identical. Do not depend on body processes. Thus release rates are consistent.



Disintegration coatings of various thicknesses depend on variable body processes. Release rates can be unpredictable.

Each NITRO-SPAN capsule provides 2.5 mg. of nitroglycerin, U.S.P., processed to release uniformly over a 10 to 12-hour period.

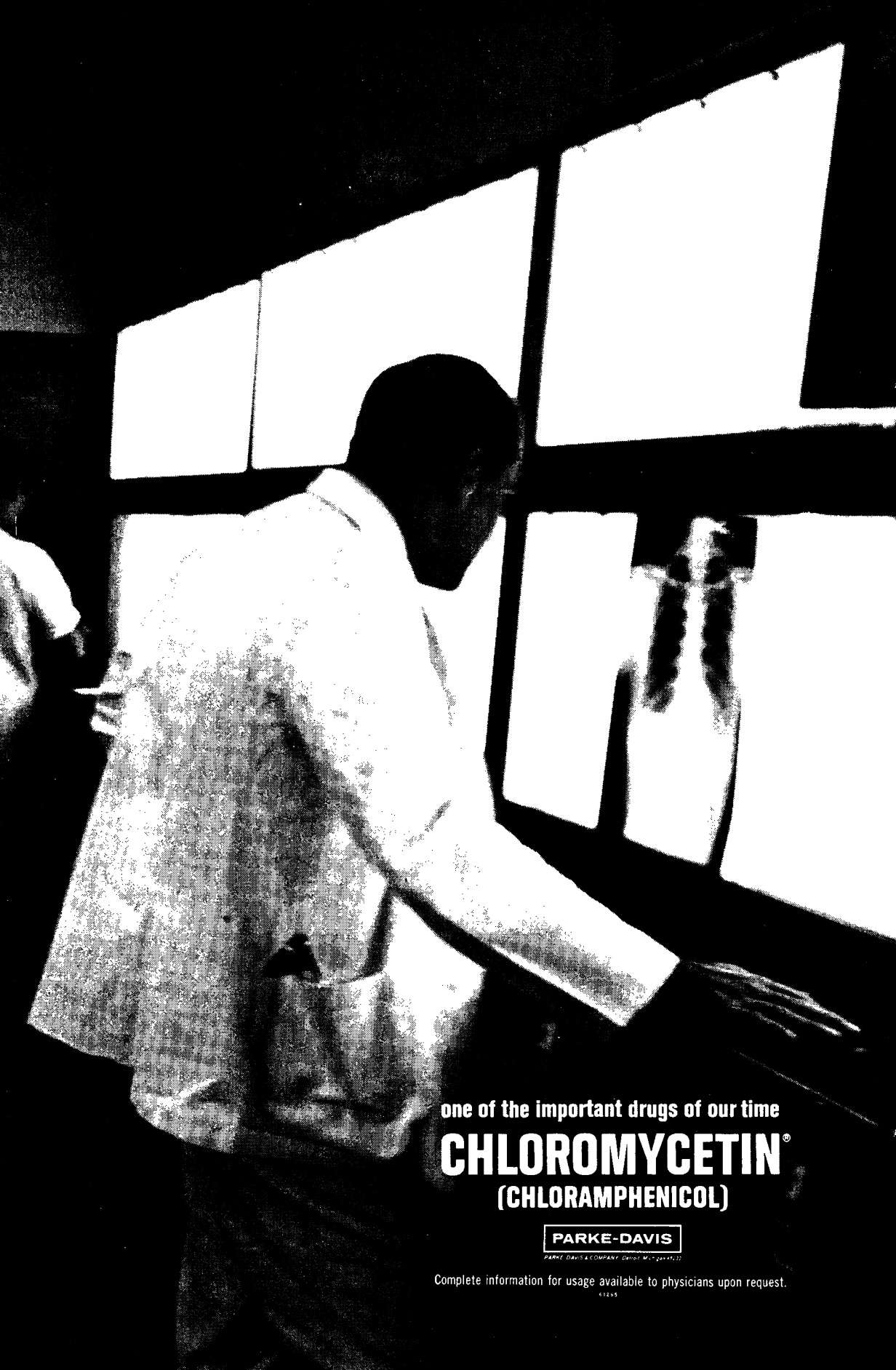
Clinical indications: Prophylactic use only in angina pectoris.

Dosage: One capsule before breakfast, one capsule at bedtime (at 12-hour intervals).

Contraindications: Early myocardial infarction. Caution: These capsules are intended for prophylactic use only. For the relief of an acute anginal attack the sublingual nitroglycerin tablets should be used. Federal law prohibits dispensing without prescription. Precautions: Overdosage may cause transient headache.

NITRO-SPAN®
brand of nitroglycerin in micro-dialysis cells

Ethispan, Inc.
777 Third Avenue
New York 17, N. Y.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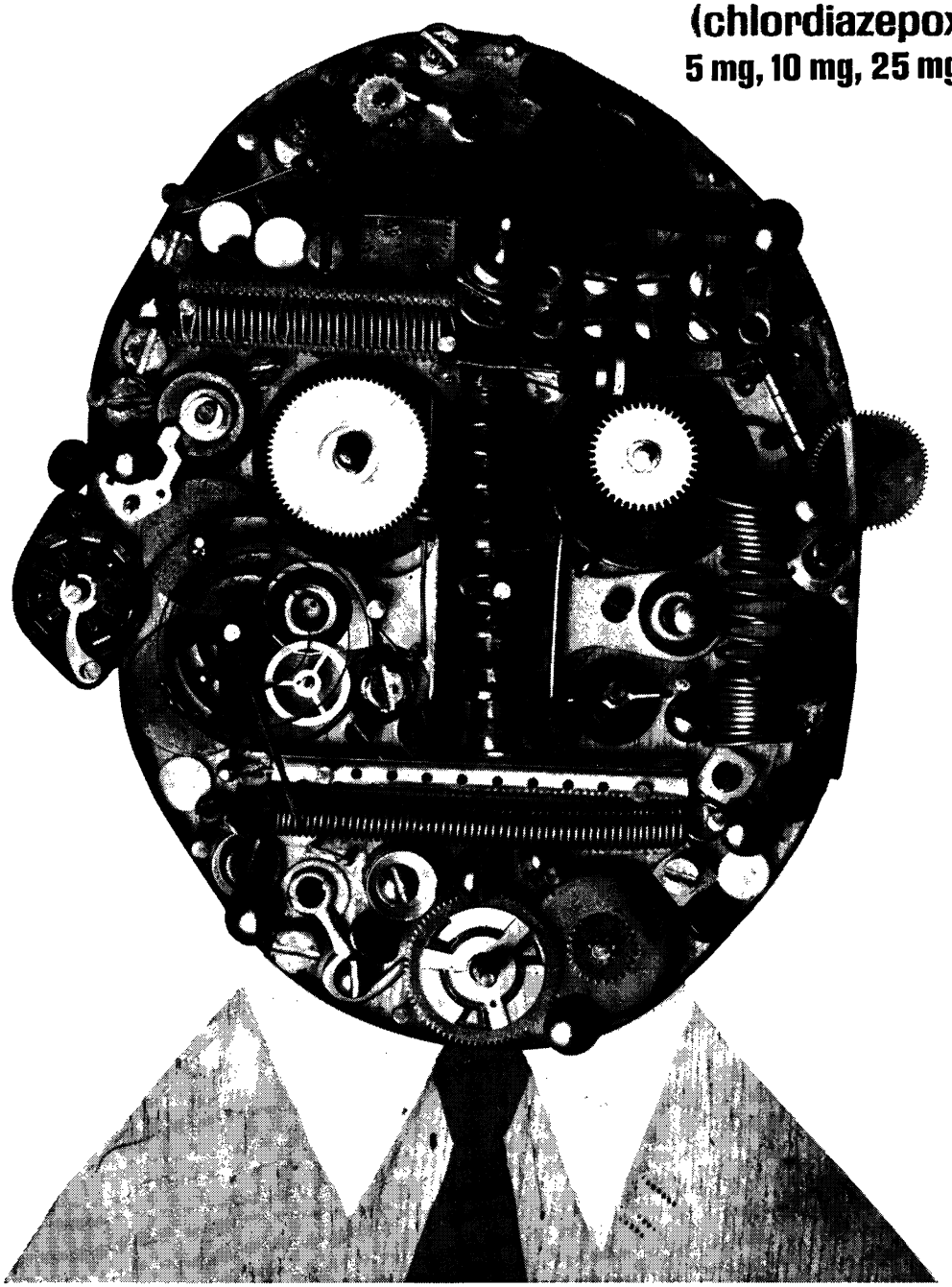
5 mg, 10 mg, 25 mg capsules



In prescribing: Dosage – Adults: Mild to moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. **Side Effects:** Side effects, often dose-related, are drowsiness, ataxia, minor skin rashes, menstrual irregularities, nausea and constipation. When treatment is protracted, blood counts and liver function tests are advisable. Paradoxical reactions may occasionally occur in psychiatric patients. Individual maintenance dosages should be determined. **Precautions:** Advise against possibly hazardous procedures until maintenance dosage is established. Though compatible with most drugs, use care in combining with other psychotropics, particularly MAO inhibitors or phenothiazines; warn patients of possible combined effects with alcohol. Observe usual precautions in impaired renal or hepatic function, and in long-term treatment. Exercise caution in administering drug to addiction-prone patients or those who might increase dosage; withdrawal symptoms, similar to those seen with barbiturates or meprobamate, can occur upon abrupt cessation after prolonged overdosage. Caution should be exercised in prescribing any therapeutic agent for pregnant patients. **Supplied:** Capsules, 5 mg, 10 mg and 25 mg, bottles of 50 and 500.

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